

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: <u>2001</u> — <u>03</u>	2. STATE: <u>Florida</u>
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE <u>January 01, 2002</u>	

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: <u>42 CFR 440.160</u>	7. FEDERAL BUDGET IMPACT: a. FFY <u>2002</u> \$ <u>33,454,869</u> b. FFY <u>2003</u> \$ <u>34,491,196</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: -Page 61, Inpatient Psychiatric Services Attachment 3.1-A -Page 44, Reimbursement methodology for Statewide Inpatient Psychiatric Services -Preprint page 7	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): - New - New - Preprint Page 7


10. SUBJECT OF AMENDMENT:

Inpatient Psychiatric Services for Individuals under age 21


GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Mr. Bob Sharpe Deputy Secretary for Medicaid Agency for Health Care Administration Post Office Box 12600 Tallahassee, FL 32317-2600 Attention: Wendy Johnston
13. TYPED NAME: <u>Mr. Bob Sharpe</u>	
14. TITLE: <u>Deputy Secretary</u>	
15. DATE SUBMITTED: <u>April 03, 2001</u>	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: <u>April 5, 2001</u>	18. DATE APPROVED: <u>April 5, 2001</u>
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: <u>January 1, 2002</u>	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: <u>Eugene A. Grasser</u>	22. TITLE: <u>Associate Regional Administrator</u> <u>Division of Medicaid and State Operations</u>

23. REMARKS:

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

15. Services in an intermediate care facility for the mentally retarded (other than in an institution for mental diseases) for individuals who are determined, in accordance with Section 1902(a)(31)(A), to be in need of such care.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

16. Inpatient psychiatric facility services for individuals under 21 years of age.

☒ Provided: ☐ No limitations ☐ With limitations*

☐ Not provided.

17. Nurse-midwife services.

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

*Description provided on attachment.

TN No. 01-03

Supersedes

TN No. 92-58

Approval Date APR 05 2001

Effective Date 1/1/02

Inpatient Psychiatric Services for Individuals under 21

Inpatient Psychiatric Services for Individuals under 21 are provided to high-risk recipients who have experienced multiple admissions into psychiatric units in acute care hospital settings or who have longer than the state's average length of stay in these settings.

For individuals under age 18, this service will provide extended inpatient psychiatric treatment in Residential Treatment Centers licensed under Chapter 394, Florida Statutes, or in a hospital licensed under Chapter 395, Florida Statutes. Providers must be accredited by the Joint Commission on Accreditation of Health Care Organizations, the Commission on Accreditation of Rehabilitation Facilities, the Council on Accreditation of Services for Families and Children or a comparable nationally recognized accrediting organization.

Admissions and continued stays are subject to certification of need for this level of care. These criteria include: a reasonable course of acute inpatient treatment has failed to bring about adequate resolution of symptoms; the recipient's condition requires services on an inpatient basis under the direction of a physician; services can be expected to improve the recipient's condition or prevent regression; and ambulatory care resources available in the community do not meet treatment needs. Recipients who meet level-of-care criteria must receive active treatment in accordance with an individual plan of care. Service components include psychiatric, medical, psychological assessment and diagnosis; psychiatric and routine medical treatment; clinical and therapy services; mandatory family or other caregiver involvement; peer support groups; recreational and vocational services, when appropriate; a certified education program; and comprehensive discharge, after care and follow-up services.

Comparable services for individuals 18 to 21 years of age are provided through extended stays in acute care psychiatric care settings until symptoms are resolved to permit admission into intensive treatment services in the community. Florida Assertive Community Treatment Programs for persons with severe and persistent mental illnesses are available statewide to individuals 18 and over. These services provide intensive, psychiatric, rehabilitation, and support services for persons with severe and persistent mental illnesses. The program is designed to reduce the frequency and duration of hospitalization, increase functioning and improve quality of life in the community. Additionally, this age group has access to residential treatment services and state mental hospitals, funded through the Florida Department of Children and Families, if longer-term inpatient services are deemed necessary.

Amendment 2001-03
Supersedes NEW
Effective 1/1/02
Approval APR 05 2001

Reimbursement Methodology

Inpatient Psychiatric Services for Individuals under 21, when provided in a psychiatric Residential Treatment Facility, licensed under Chapter 394, F.S., or in a hospital licensed under Chapter 395, F.S., are reimbursed on a per diem rate. The rate is determined under Medicare's per diem rate-setting methodology (42 CFR 413) for psychiatric inpatient hospital services, based on cost reports submitted in accordance with Medicare's Provider Reimbursement Manual.

Inpatient Psychiatric Services for Individuals under 21, when provided to individuals 18 through 20 years of age, in acute care settings in psychiatric units of general hospitals will be reimbursed, on a per diem basis in accordance with Florida Medicaid's current Inpatient Hospital Reimbursement Plan.

Amendment 2001-03
Supersedes NEW
Effective 1/1/02
Approval APR 05 2001